Continuation Form for Deficiencies and Comments Page of		
Date of Inspection, Testing, Maintenance: Property Information: Name: Address: City:		Sprinklers (Chapter 5) System Riser ID: Standpipe (Chapter 6) Private Fire Main (Chapter 7) Fire Pump (Chapter 8) Fire Pump No. or ID: Water Storage Tank (Chapter 9) Water Spray System (Chapter 10) System Riser ID: Foam-Water System (Chapter 11) System Riser ID:
Item	Deficiencies and Comments: Deficiencies and Comments Item number must correspond to the Item number of the Activity listed above:	
	Donoichelee and Commence term named index correspond to the feature of the Activity needs above.	
O'mature		
i	Signature	Date

State Fire Marshal AES 9 March 21, 2006